



03500.011277.1

PATENT APPLICATION

#13  
Amclt 1  
10/17/03  
WCH

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)	
	:	Examiner: S. Wallace
HISASHI KAWAI	)	
	:	Group Art Unit: 2671
Application No.: 09/580,588	)	
	:	
Filed: May 30, 2000	)	
	:	
For: IMAGE INPUT APPARATUS	)	October 8, 2003

**Mail Stop Non-Fee Amendment**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RECEIVED**  
OCT 09 2003  
Technology Center 2600

AMENDMENT

Sir:

In response to the Office Action dated July 8, 2003, the Examiner is  
respectfully requested to amend the above-identified application as follows:



In re Application of:

HISASHI KAWAI

Application No.: 09/580,588

Filed: May 30, 2000

For: IMAGE INPUT APPARATUS

Docket No.: 03560.011277.1

Examiner: S. Wallace

Group Art Unit: 2671

Date: October 8, 2003

2671  
#13  
Amold  
10/17/03  
WCH

**MAIL STOP NON-FEE AMENDMENT**

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

**RECEIVED**

OCT 09 2003

Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

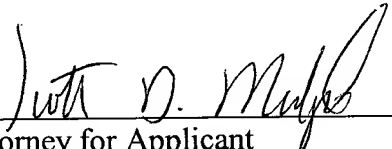
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	9	MINUS	20	= 0	x \$9 \$18	\$ -0-
INDEP. CLAIMS	3	MINUS	3	= 0	x \$43 \$86	\$ -0-
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ -0-

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$\_\_\_\_ is enclosed.

- ☐ Charge \$\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ to cover the fee for a \_\_\_\_\_ month extension is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

  
\_\_\_\_\_  
Attorney for Applicant  
Scott D. Malpede  
Registration No. 32,533

FITZPATRICK, CELLA, HARPER & SCINTO  
30 Rockefeller Plaza  
New York, New York 10112-3801  
Facsimile: (212) 218-2200

SDM/vmm

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